

# **GUARDIANSHIP and CONSERVATORSHIP**

# **4**

## **Get a Permanent Appointment for an Adult**

Part 4: What to do after the Court Hearing  
(Forms Packet)

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April 3, 2001  
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## Self Service Center

# FOR APPOINTMENT OF A PERMANENT GUARDIAN AND CONSERVATOR FOR AN ADULT

## PART 4: What to do after the Court hearing (Forms Only)

**How to assemble these documents:** This packet contains forms for what to do after the court hearing for an appointment of a permanent guardian and conservator for an adult. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGCA9ft	Table of forms in this packet	1
2	PBGCA9k	Checklist: What to do after the court hearing	1
3	PBC91f	<b><i>“Proof of Restricted Account”</i></b>	1
4	PBGCF96f	<b><i>“Estate Management Plan”</i></b>	2
5	PBGC91f	<b><i>“Inventory and Appraisement of Property” and “Proof of Mailing or Delivery of Inventory and Appraisement”</i></b>	3
6	PBGCG92f	<b><i>“Annual Report of Guardian”</i></b>	3
7	PBGCF93f	<b><i>“Fee Statement (Local Rule 5.7) and Proof of Mailing”</i></b>	2

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## Self-Service Center

### WHAT TO DO AFTER YOU ARE APPOINTED GUARDIAN AND CONSERVATOR FOR AN ADULT CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed guardian and conservator for an adult, or you expect to be.
- ✓ You need to know what to do after you are appointed.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
State Bar Number: (if applicable): \_\_\_\_\_  
Represents ☐ Self, without a lawyer OR ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of the Conservatorship of:

Case Number PB: \_\_\_\_\_

\_\_\_\_\_  
(Name of Protected Person)

**PROOF OF RESTRICTED ACCOUNT  
FROM DEPOSITORY OR FINANCIAL  
INSTITUTION**

Name of Depository: \_\_\_\_\_

Address of Depository: \_\_\_\_\_

1. This Depository has opened the following account(s) for the above-named protected person in the name of "The estate of \_\_\_\_\_, a protected person by \_\_\_\_\_, Conservator" as follows:

TYPE	ACCOUNT NUMBER	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Each account listed is a restricted account. No withdrawals of principal or interest will be allowed unless the Superior Court permits withdrawals by certified court order. Reinvestments may be made without an order of the Court if each account remains restricted and at this Depository. However, money deposited into a mutual fund approved by the Court may not be transferred to any other fund without prior Court approval other than to a money market fund. If the protected person is a minor, funds shall not be released when the minor turns eighteen until receipt of a court order authorizing release of the funds.

3. I have received a certified copy of the Court's order restricting these accounts dated \_\_\_\_\_ and I agree, on the Depository's behalf, to comply with the order.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature and Title\*

\_\_\_\_\_  
Print Manager's Name and Title

\*Must be signed by a Bank Branch Manager or a Resident Manager for an Investment Securities Dealer.

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_ by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (Check one or both)  
☐ Guardianship ☐ Conservatorship

Case Number PB: \_\_\_\_\_

### ESTATE MANAGEMENT PLAN AND PROOF OF MAILING

(Maricopa County Local Rule 5.7(c))

\_\_\_\_\_ ☐ an Adult or ☐ a Minor.

Note: This document must be completed in all cases where the conservator or trustee is required to file an accounting with the court. Print or type neatly using **black ink only**. Use additional paper if necessary. Follow the Superior Court Fiduciary Fee Guidelines.

1. Physical condition of the person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Anticipated care of ward/protected person, and services to be provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Special needs of the ward/protected person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Other special needs of the ward/protected person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Anticipated expenses for the ward/protected person, including project fiduciary fees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Anticipated changes in finances/financial status of ward/protected person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. A copy of this management plan was mailed or delivered to the following persons:

**NAME**

**ADDRESS**

**RELATIONSHIP**


Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Name of Person Signing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney's Bar Number (if applicable): \_\_\_\_\_  
Represents ☐ Self, Without a Lawyer, OR ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of \_\_\_\_\_

Case Number: PB \_\_\_\_\_

☐ an Adult ☐ a Minor

**INVENTORY AND APPRAISEMENT  
OF PROPERTY AND PROOF OF  
MAILING OR DELIVERY OF  
INVENTORY AND APPRAISEMENT**

STATE OF ARIZONA                    )  
COUNTY OF MARICOPA            ) ss.

I am the Conservator for the above-named person and I state under oath as follows:

1. **TRUE AND CORRECT STATEMENT.** The following inventory of property is a true and correct statement of all the property known to me to be owned by the person named above at the time of my appointment.
2. **TOTAL VALUE.** The total value of all real and personal property in the estate, as supported by the following itemization of property, is \$\_\_\_\_\_.
3. **DESCRIPTION OF PROPERTY AND DEBT.** This document accurately describes each item of property, estimates the fair market value of the property as of the date of my appointment, describes the nature of the property as community or separate property, and itemizes the type and amount of all debts, mortgages, or liens relating to each item of property.
4. **NOTICE TO OTHER PARTIES.** A copy of this document was hand-delivered or mailed by first class mail, postage prepaid, to the following persons: (Attach additional paper if necessary.)

Name	Address	Relationship to Protected Person	Date Mailed or Delivered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk/Notary Public

# INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE

(use additional sheets of paper if necessary)

Inventory date: \_\_\_\_\_

## BANK ACCOUNTS, STOCKS, BONDS AND OTHER INVESTMENTS

Property Description	Community OR Separate Property	Actual Value

## REAL PROPERTY

### A. GENERAL INFORMATION:

Property Description and Address	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			

Total estimated fair market value of real property: \$ \_\_\_\_\_

Total estimated debt on real property: \$ \_\_\_\_\_



**B. INFORMATION ABOUT REAL PROPERTY ITEMS LISTED ABOVE THAT WERE APPRAISED:**

Name	Address	Item Number Above

**PERSONAL PROPERTY**

**A. GENERAL INFORMATION:**

Property Description	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

**Total estimated fair market value of personal property:** \$ \_\_\_\_\_

**Total estimated debt on personal property:** \$ \_\_\_\_\_

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State and Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Guardian for Ward: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of:

Case Number PB \_\_\_\_\_

\_\_\_\_\_  
(Name of Ward)

**ANNUAL REPORT OF GUARDIAN**

DUE \_\_\_\_\_  
MO DAY YR

PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_  
MO DAY YR MO DAY YR

**Instructions to Guardian:** Arizona law (A.R.S. 14-5209(4) and 14-5315) requires every guardian of an adult or minor ward to advise the court each year regarding their Ward. Please complete this report each year on the anniversary date of your appointment as guardian. When complete, mail the report to: Probate Court Administration: 125 West Washington, Phoenix, Arizona 85003. You must also mail a copy of the report to anyone else who has appeared in the case. This includes the Ward's attorney, if the Ward is represented by an attorney. If the Ward is not represented by an attorney, you must mail a copy to the Ward, if he or she is at least 14 years old. You must also fill out the Affidavit of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it. (If necessary additional pages may be attached.)

I am the Guardian and make these statements:

1. This annual report covers the period from \_\_\_\_\_ to \_\_\_\_\_ and is due on \_\_\_\_\_.  
(Write in month-date-year format, e.g., 01-01-2001):

**2. Information about the Ward.**

Ward's Name: \_\_\_\_\_  
Ward's Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Ward's Address: \_\_\_\_\_  
Ward's Telephone: \_\_\_\_\_

**3. Information about where the Ward lives.**

- A. Describe the residential situation where the Ward lives (private home, boarding home, nursing home, etc.)

\_\_\_\_\_  
\_\_\_\_\_

- B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.

Name of Person in Charge or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**4. Information about the Ward's Doctor.**

Ward's Current Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

**5. Information about the Ward's physical and mental health.**

A. Date the Ward was last seen by a doctor: \_\_\_\_\_

- B. Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.

\_\_\_\_\_  
\_\_\_\_\_

C. Attach a copy of the doctor's report about the Ward's current physical and mental condition.

**6. Information about the Ward's Guardian.**

Guardian's Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Guardian's Telephone Number: \_\_\_\_\_

**7. Information about the Guardianship.**

Number of times the Guardian has seen the Ward in the last 12 months: \_\_\_\_\_

Date of the last visit: \_\_\_\_\_

The Guardian's opinion about whether the guardianship should continue: (Explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Information about the person responsible for managing the Ward's assets:**

Name of person responsible for managing Ward's assets: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**9. Information about State, County or Federal Agency Services:** Does the Ward receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Ward.

DATED: \_\_\_\_\_

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Print Guardian's Name

Signature of Guardian

**AFFIDAVIT OF MAILING:** I promise I mailed this Annual Report of Guardian to the following people at the following address(es) on this date: \_\_\_\_\_

(Month/Day/Year)

[illegible]

(Signature of Person Mailing Document)

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney's Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the (check one or both)  
☐ Guardianship and/or ☐ Conservatorship of

Case Number: PB \_\_\_\_\_

### FEE STATEMENT (LOCAL RULE 5.7) AND PROOF OF MAILING

\_\_\_\_\_ ☐ an Adult or ☐ a Minor

**INSTRUCTIONS:** This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth

**STATEMENT OF FEES FOR SERVICES:** The following is a statement of fees for services rendered from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

**NUMBER OF HOURS BILLED:**

Total number of hours billed is \_\_\_\_\_ x \$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_  
**TOTAL CHARGE**

## PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_